

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11465

State File No. \_\_\_\_\_

FILED APR 22 1954

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>5790</u>		Registrar's No. <u>170</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural West of Carrollton</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>3409 Paseo K.C. Mo. 2248</u>			
3. NAME OF DECEASED (Type or Print) <u>Fredrick P. Nordmeyer</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>4-18-54</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 19 1925</u>		9. AGE (In years last birthday) <u>29</u>	10. UNDER 1 YEAR Months <u>1</u> Days <u>29</u>	11. UNDER 1 HR. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Truck Driver</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Aholt Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Raymond Nordmeyer</u>			13b. MOTHER'S MAIDEN NAME <u>Bernice Dillon</u>		14. NAME OF HUSBAND OR WIFE <u>Wilma L. Nordmeyer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War #2</u>		16. SOCIAL SECURITY NO. <u>498-30-1784</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wilma L. Nordmeyer (Kansas City Mo)</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull demolished and body crushed.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u></u> DUE TO (c) <u>D.T. &amp; S.F. Freight Train No 161</u>					INTERVAL BETWEEN ONSET AND DEATH <u>E8104</u> <u>27</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Hit Passenger Car at RR Cross,</u>	19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>2 miles west of Carrollton, Mo.</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>RR Crossing</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carrollton Carroll Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-18-54 12 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Train - Car Accident</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>Ray Peterson Coronator</u>				23b. ADDRESS <u>Bozard Mo</u>		23c. DATE SIGNED <u>4-18-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Glasgow Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Glasgow Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4/20/54</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall Funeral Home Carrollton Mo</u>		ADDRESS	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 4 1956

MAR 3 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *R. M. Marshall*

Licensed Embalmer No. *257*

P. O. Address *Carroll*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.